

New Jersey Commission on Cancer Research

APPLICATION FOR SUMMER STUDENT CANCER FELLOWSHIP

| | | |
|---|---------------------------|------------------------|
| Name of Applicant (Last, First, Middle Initial) | | Social Security Number |
| Title of Proposed Project | | |
| Present Mailing Address | Permanent Mailing Address | |
| Office Telephone Number | Home Telephone Number | |
| Name of Sponsor | Title of Sponsor | |
| Department | Telephone Number | |
| Name and Address of Sponsoring Agency | | |
| Name of Official in Business Office to be Notified if Award is Made | Title of Official | |
| Address | Telephone Number | |

CERTIFICATION

The applicant certifies that to the best of his/her knowledge and belief, all data in this application are true and correct. The signatories further understand that any award received as a result of this application shall be subject to the regulations and rules set forth by the Commission on Cancer Research.

| | |
|---|------|
| Signature of Applicant | Date |
| Signature of Faculty Sponsor | Date |
| Signature of Official Signing for Institution | Date |

New Jersey Commission on Cancer Research
APPLICATION FOR SUMMER STUDENT CANCER FELLOWSHIP
STUDENT CURRICULUM VITAE

| Education | | | | |
|-------------------------------|----------------|----|---------|-------|
| Name of University or College | Dates Attended | | Degrees | Major |
| | From | To | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| Research Experience | | | |
|--|-------|----|--------------|
| Name of Institution Where Work Was Conducted | Dates | | Type of Work |
| | From | To | |
| | | | |
| | | | |
| | | | |
| | | | |

Other (include awards, publications, and any other pertinent information):

New Jersey Commission on Cancer Research
APPLICATION FOR SUMMER STUDENT CANCER FELLOWSHIP
DESCRIPTION OF RESEARCH PROJECT

Briefly describe the research project which you hope to pursue during the summer. In particular, what are the specific objectives and how will the work be conducted? How is this work relevant to the causes or treatment of cancer? What do you expect to learn including new techniques? What are your future career goals and how will this fellowship help you to attain them?

(Not to exceed 2 pages.)

Continue Description of Research Project on next page.

New Jersey Commission on Cancer Research
APPLICATION FOR SUMMER STUDENT CANCER FELLOWSHIP
DESCRIPTION OF RESEARCH PROJECT, CONTINUED

New Jersey Commission on Cancer Research
APPLICATION FOR SUMMER STUDENT CANCER FELLOWSHIP
FACULTY SPONSOR CURRICULUM VITAE

(Not to exceed this one page.)

New Jersey Commission on Cancer Research
APPLICATION FOR SUMMER STUDENT CANCER FELLOWSHIP
RECOMMENDATIONS OF SPONSOR

| Name of Applicant | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--------------------------|--------------------------|--------------------------|--|--------------------------|--------------------------|--|---|---|---|---|---|---|--------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-----------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|----------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-----------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Name of Respondent | | | | Title of Respondent (if not sponsor) * | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>The applicant named above is applying for a competitively awarded New Jersey Cancer Summer Fellowship. Please complete the items below based upon your knowledge of the applicant. Return to:</p> <p>New Jersey Commission on Cancer Research 28 West State Street, Room 715 P.O. Box 360 Trenton, NJ 08625-0360.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Please rate the applicant on the following basis:</p> <p><i>1-Outstanding, 2-Good, 3-Above Average, 4-Average, 5-Below Average, 6-Inadequate Opportunity to Observe</i></p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">1</th> <th style="text-align: center;">2</th> <th style="text-align: center;">3</th> <th style="text-align: center;">4</th> <th style="text-align: center;">5</th> <th style="text-align: center;">6</th> </tr> </thead> <tbody> <tr> <td>Academic Abilities</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Research Abilities</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Scientific Background</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Accuracy</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Organizational Skills</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Originality</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table> | | | | | | | | 1 | 2 | 3 | 4 | 5 | 6 | Academic Abilities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Research Abilities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Scientific Background | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Accuracy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Organizational Skills | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Originality | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 1 | 2 | 3 | 4 | 5 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Academic Abilities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Research Abilities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Scientific Background | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Accuracy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Organizational Skills | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Originality | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Additional Comments (not to exceed this page): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature of Faculty Sponsor | | | | | Date | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**NOTE: This form may be completed by a senior faculty member, other than the sponsor, if the applicant is not well known to the sponsor.*